

Commonwealth of Kentucky

Court of Justice

Construction Service Provider Questionnaire



Purpose:

The Commonwealth of Kentucky Court of Justice encourages firms, corporations, and companies which provide construction and construction-related services to annually submit a statement of qualifications and performance data to the AOC General Manager of Facilities, 100 Millcreek Park, Frankfort, KY 40601.

Policy:

The policy of the Commonwealth of Kentucky Court of Justice in acquiring construction and construction-related services is to encourage firms, companies, and corporations lawfully engaged in the practice of construction to submit annually a statement of qualifications and performance data. The Court of Justice Construction Service Provider (C-S Questionnaire) is provided for that purpose. The Court of Justice shall evaluate these qualifications resumes, together with any other performance data on file or requested in relation to any proposed project. The C-S Questionnaire may be used as a basis for selecting firms for discussion, or for screening firms preliminary to inviting submission of additional information or inviting proposals on projects.

Definition of Construction and Construction-Related Services:

Architect-Engineer and related services are those professional services provided by General Contractors, Contractors, and Sub Contractors for major portions of or for critical components of facility construction, renovation, alteration, and/or adaptation. Construction and Construction-Related Service include the management, administration, materials, equipment, labor, supervision, expertise, warranty, documentation, and all other activities required to complete a project.

Instructions for Filing:

(Numbers below correspond to numbers contained in form)

Note: The entries on this form may be typed or printed.

1. Company Name

(a) Enter accurate and complete name of submitting Company, its address and zip code.

(b) Enter the Primary and Alternate Contacts for the firm. These contacts should be "Principals" and possess legal responsibility for its management. They may be owners, partners, corporate officers, associates, administrators, etc.

Enter the contacts business telephone number and Email address.

1a. Indicate whether submission is for the Parent Company or Branch or Subsidiary Office. A "Parent Company" is a firm, company, corporation, association or conglomerate which is the major stockholder or highest tier owner of the firm completing the questionnaire. A "Branch or Subsidiary Office" is a satellite, or subsidiary extension, of a headquarters office of a company, regardless of any differences in name or legal structure of such a branch due to local or state law.

1b. If submission is for "Branch or Subsidiary Office" indicate the name of the "Parent Company, its address and zip code.

1c. If applicable, indicate the names of former parent companies for a period no less than 20-years. Use an attachment if necessary.

2. Year Present Firm Established: Enter the year the present firm was established.

3. Number of years at Present Location: Enter the number of years the firm has occupied their present location.

4. Type of Ownership: Indicate the type of ownership and if the firm is a small, small disadvantaged, minority, or woman-owned.

5. Personnel by Discipline:

5a. Enter total (sum of) personnel in the submitting office, numbers of personnel hired and separated in the last 12 months, the total number of minority employees, and the total number of disadvantaged (including women) employees.

5b. and 5c. Enter the total numbers of employees, by discipline, in submitting office. If the form is being submitted by the main or headquarters office, enter the total employees, by discipline, in all offices. While some personnel may be qualified in several disciplines, each person should be counted only once in accord with his or her primary function. Include clerical personnel as "Administrative". Write in any additional and the number of people in the blank spaces provided.

5d. Enter information relating to Labor Pool Sources, such as Union Locals, Agencies, Sub-Contractors, other branches of the company, etc.

5e. Enter information relating to Training Programs executed or used by Company Personnel during the last three (3) calendar years.

6. Summary of Professional Service Fees Received.

Insert the amount of fees received by submitting firm for the last three (3) calendar years for each category. The categories include local, state and federal government work, all other domestic work, and all other foreign work.

7. Profile of Firm's Project Experience in the last (3) years.

7a. Enter data regarding the firm's experience for up to 30 "Profile Codes" (SEE: Profile Code list on page A-4.), in numerical sequence. Select and enter the Profile Code which best indicates the type and scope of services on projects. For each code number, enter the total number of projects and total gross fees for those projects.

7b. Enter data regarding the number of sole or joint venture projects completed in the last five (5) years.

8. Project Examples, last five (3) years.

(a) Enter the project title, its address and zip code.

(b) Enter the firm's role with the project. Firm's role includes:

- P** Prime Professional Firm
- JV** Joint Venture
- C** Consultant
- IE** Individual Experience (New firms with less than five (5) years of experience. Provide individual's name and location of experience on attachment)

(c) Enter the Owner's name, the owner's contact's name, his or her telephone number, address and zip code.

(d) Enter the Profile Code of the project. (SEE: Profile Code list on following page.)

(e) Select and enter the appropriate following "Experience Code" pertaining to the firm's last five (5) years experience performing work concerning the project's "Profile Code".

- 0 Individual Experience with other firm
(SEE: 8(a) Attachment for IE entry.)
- 1 First Project
- 2 Under five (5) projects.
- 3 Over five (5) projects.

(f) Enter project Change Order data.

(g) If there was/is an investigation, lawsuit, liquidated damages, liens or claims, failed milestones, and/or warranty work related to the project, check appropriate box.

(h) Enter the Original (Schematic Design or earlier) Cost Estimate for A-E Services. Enter General Contractor original total Bid for Construction Managers.

(i) Enter the final and total cost of the project.

(j) Enter the original project completion target date at the time of award of construction contract.

(k) Enter the actual total (not substantial) completion date of the project.

9. Current Major Projects. Enter information of regarding major projects the firm is now performing services for (use attachment if necessary).

(a) Enter the Project Title.

(b) Enter the firm's role with the project. Firm's role includes:

- **P** Prime Professional Firm
- **JV** Joint Venture
- **C** Consultant

(c) Enter the Profile Code and Experience Code of the project. (SEE: Profile Code list on following page.)

(d) Enter the date which the project shall be completed.

(e) Enter the Primary Facility's Size (SF, SY, etc.) and cost, rounded to \$100,000. Enter the cost of supporting facilities. Enter the total project cost. scope (SF, SY, etc.) of the project. . If cost information is considered "confidential" by owner, state "CONFIDENTIAL".

10. Subcontractor Information. Enter information of regarding subcontractors the company may use for the proposed project. (use attachment if necessary).

(a) Enter Company Name and Service(s) Provided.

(b) Enter Company Address.

(c) Enter Primary Contact information.

(d) Enter Profile Code and Experience Code.

(e) Indicate if a Court of Justice Construction Service Provider Questionnaire for Subcontractor is attached.

10. Certification that the forgoing is a statement of facts. The signature of a principal of the firm, preferably the chief executive officer, certifies that the information entered on the questionnaire is true.

Profile Codes (extracted from GAO SF254) for use in Item 7, 8, and 9.

- 001 Acoustics: Noise Abatement
- 002 Aerial Photogrammetry
- 003 Agriculture Development, Grain Storage, Farm Mechanization
- 004 Air Pollution Control
- 005 Airports: nav aids, airport lighting, aircraft fueling
- 006 Airports: terminals, hangars, freight handling
- 007 Arctic Facilities
- 008 Auditoriums and Theaters
- 009 Automation: controls, instrumentation
- 010 Barracks and Dormitories
- 011 Bridges
- 012 Cemeteries
- 013 Chemical Processing and Storage
- 014 Churches and Chapels
- 015 Codes, Standards, Ordinances
- 016 Cold Storage, Refrigeration, Fast Freeze
- 017 Commercial Low Rise Building, Shopping Centers
- 018 Communications Systems, TV, Microwave
- 019 Computer Facilities, Computer Service
- 020 Conservation and Resource Management
- 021 Construction Management
- 022 Corrosion Control, Cathodic Protection, Electrolysis
- 023 Cost Estimating
- 024 Dams, Concrete
- 025 Dams (Earth & Rock), Dikes, Levies
- 026 Desalinization (Process & Facilities)
- 027 Dining Halls, Clubs, Restaurants
- 028 Ecological and Archeological Investigations
- 029 Educational Facilities, Classrooms
- 030 Electronics
- 031 Elevators, Escalators, People-Movers
- 032 Energy Conservation, New Energy Sources
- 033 Environmental Impact Studies, Assessments or Statements
- 034 Fallout Shelters, Blast-Resistant Design
- 035 Field Houses, Gyms, Stadiums
- 036 Fire Protection
- 037 Fisheries, Fish Ladders
- 038 Forestry and Forest Products
- 039 Garages, Vehicle Maintenance Facilities, Parking Structures
- 040 Gas Systems (Propane, Natural, Etc.)
- 041 Graphic Design
- 042 Harbors, Jetties, Piers, Terminal Facilities
- 043 Heating, Ventilating, Air Conditioning (HVAC)
- 044 Health Systems Planning
- 045 Highrises (Air-Rights-Type Buildings)
- 046 Highways, Streets, Airfield Paving, Parking Lots
- 047 Historical Preservation
- 048 Hospital and Medical Facilities
- 049 Hotels and Motels
- 050 Housing (Residential, Multi-Family, Apartments, Condominiums)
- 051 Hydraulics and Pneumatics
- 052 Industrial Buildings, Manufacturing Plants
- 053 Industrial Processes, Quality Control
- 054 Industrial Waste Treatment
- 055 Interior Design, Space Planning
- 056 Irrigation and Drainage
- 057 Judicial and Courtroom Facilities**
- 058 Laboratories, Medical Research Facilities
- 059 Landscape Architecture
- 060 Libraries, Museums, Galleries
- 061 Lighting (Interior)
- 062 Lighting (Exterior)
- 063 Material Handling Systems, Conveyors, Sorters
- 064 Metallurgy
- 065 Microclimatology, Tropical Engineering
- 066 Military Design Standards, Government and Industry Design Standards
- 067 Mining and Mineralogy
- 068 Missile Facilities (Silos, Fuels, Transport)
- 069 Modular Systems Design, Pre-Fabricated Structures or Components
- 070 Naval Architecture, Off-Shore Platforms
- 071 Ordnance, Munitions, Special Weapons
- 075 Petroleum Exploration, Refining
- 076 Petroleum and Fuel Storage and Distribution
- 077 Pipelines (Cross Country Liquid and Gas)
- 078 Planning (Community, Regional, Areawide, and State)
- 079 Planning (Site, Installation, and Project)
- 080 Plumbing and Piping Design
- 081 Pneumatic Structures, Air-Supported Buildings
- 082 Postal Facilities
- 083 Power Generation, Transmission, Distribution
- 084 Prisons and Correctional Facilities
- 085 Product, Machine and Equipment Design
- 086 Radar, Sonar, Radio and Radar Telescopes
- 087 Railroad, Rapid Transit
- 088 Recreational Facilities (Parks, Marinas, Etc.)
- 089 Rehabilitation (Buildings, Structures, Facilities)
- 090 Resource Recovery, Recycling
- 091 Radio Frequency Systems and Shieldings
- 092 Rivers, Canals, Waterways, Flood Control
- 093 Safety Engineering, Accident Studies, OSHA Studies
- 094 Security Systems, Intruder and Smoke Detection
- 095 Seismic Designs and Studies
- 096 Sewage Collection, Treatment and Disposal
- 097 Soils and Geologic Studies (Foundations)
- 098 Solar Energy Utilization
- 099 Solid Wastes, Incineration, Land Fill
- 100 Special Environments, Clean Rooms, Etc.
- 101 Structural Design, Special Structures
- 102 Surveying, Platting, Mapping, Flood Plain Studies
- 103 Swimming Pools
- 104 Storm Water Handling and Facilities
- 105 Telephone Systems
- 106 Testing and Inspection Services
- 107 Traffic and Transportation Engineering
- 108 Towers (Self Supported & Guyed Systems)
- 109 Tunnels and Subways
- 110 Urban Renewals, Community Development
- 111 Utilities
- 112 Value Analysis, Life-Cycle Costing
- 113 Warehouses and Depots
- 114 Water Resources, Hydrology, Ground Water
- 115 Water Supply, Treatment and Distribution
- 116 Wind Tunnels, Research/Testing Facilities Design
- 117 Zoning, Land Use Studies
- 201 _____
- 202 _____
- 203 _____
- 204 _____
- 205 _____

Commonwealth of Kentucky Court of Justice



Construction Service Provider Questionnaire

Date Prepared: ___/___/___

1. Company Name: _____ Address (Street/City/ZIP): _____ Primary Contact/Position: _____ / _____ Telephone Number: (____) ____-____ Email Address: _____																													
Alternate Contact/Position: _____ / _____ Telephone Number: (____) ____-____ Email Address: _____																													
1a. Submittal is for: <input type="checkbox"/> Parent Company <input type="checkbox"/> Branch or Subsidiary Office																													
1b. Name of Parent Company, if applicable: _____ Address (Street/City/ZIP): _____																													
1c. Names of Former Company Names and Former Parent Companies and Year(s) Established, if applicable: _____																													
2. Year Present Firm Established: _____	3. Number of Years at Present Location: _____																												
4. Type of Ownership <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Corporation</td> <td style="width: 33%;"><input type="checkbox"/> Joint Venture*</td> <td style="width: 33%;"><input type="checkbox"/> Small Business</td> </tr> <tr> <td><input type="checkbox"/> Partnership*</td> <td><input type="checkbox"/> Sole Proprietor</td> <td><input type="checkbox"/> Minority-Owned Business</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Small Disadvantaged Business</td> <td><input type="checkbox"/> Woman Owned Business</td> </tr> </table> * Name/percent of other party: _____ / _____% Address (Street/City/ZIP): _____			<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture*	<input type="checkbox"/> Small Business	<input type="checkbox"/> Partnership*	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Minority-Owned Business		<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Woman Owned Business																		
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	<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Woman Owned Business																											
5. Personnel Information: 5a. General Personnel Data: Total Personnel: _____ Total Hired in last 12 Months: _____ Total Separated in last 12Months: _____ Total Minority Employees: _____ Total Disadvantaged Employees: _____																													
5b. General and Professional Employees available for Project (list each person only once, by primary function): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">___ Administrative</td> <td style="width: 33%;">___ Facility Managers</td> <td style="width: 33%;">___ Security Designers</td> </tr> <tr> <td>___ Architects (<i>Registered</i>)</td> <td>___ Geologists</td> <td>___ Soils Engineers</td> </tr> <tr> <td>___ Civil Engineers</td> <td>___ Hydrologists</td> <td>___ Specification Writers</td> </tr> <tr> <td>___ Construction Inspectors</td> <td>___ Interior Designers</td> <td>___ Structural Engineers</td> </tr> <tr> <td>___ Construction Managers</td> <td>___ Land Surveyors</td> <td>___ Transportation Engineers</td> </tr> <tr> <td>___ Draftsmen</td> <td>___ Master Planners</td> <td>_____</td> </tr> <tr> <td>___ Ecologists</td> <td>___ Mechanical Engineers</td> <td>_____</td> </tr> <tr> <td>___ Electrical Engineers</td> <td>___ Mining Engineers</td> <td>_____</td> </tr> <tr> <td>___ Estimators</td> <td>___ Sanitary Engineers</td> <td>_____</td> </tr> </table>			___ Administrative	___ Facility Managers	___ Security Designers	___ Architects (<i>Registered</i>)	___ Geologists	___ Soils Engineers	___ Civil Engineers	___ Hydrologists	___ Specification Writers	___ Construction Inspectors	___ Interior Designers	___ Structural Engineers	___ Construction Managers	___ Land Surveyors	___ Transportation Engineers	___ Draftsmen	___ Master Planners	_____	___ Ecologists	___ Mechanical Engineers	_____	___ Electrical Engineers	___ Mining Engineers	_____	___ Estimators	___ Sanitary Engineers	_____
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___ Estimators	___ Sanitary Engineers	_____																											

5c. Construction Employees available for Project (list each person only once, by primary function):

- | | |
|---|---|
| <input type="checkbox"/> Carpenters, Apprentices | <input type="checkbox"/> Masons, Brick, Journeymen |
| <input type="checkbox"/> Carpenters, Journeyman | <input type="checkbox"/> Masons, Stone, Apprentices |
| <input type="checkbox"/> Concrete workers, Journeyman | <input type="checkbox"/> Masons, Stone, Journeymen |
| <input type="checkbox"/> Concrete, Apprentices | <input type="checkbox"/> Pipefitters, Apprentices |
| <input type="checkbox"/> Data Network Workers, Apprentices | <input type="checkbox"/> Pipefitters, Journeymen |
| <input type="checkbox"/> Data Network Workers, Journeymen | <input type="checkbox"/> Plumbers, Apprentices |
| <input type="checkbox"/> Drywallers, Apprentices | <input type="checkbox"/> Plumbers, Licensed/Journeymen |
| <input type="checkbox"/> Drywallers, Journeymen | <input type="checkbox"/> Roofers, Apprentices |
| <input type="checkbox"/> Electricians, Apprentices | <input type="checkbox"/> Roofers, Journeyman |
| <input type="checkbox"/> Electricians, Licensed/Journeymen | <input type="checkbox"/> Security System Workers, Apprentices |
| <input type="checkbox"/> Foremen | <input type="checkbox"/> Security System Workers, Journeymen |
| <input type="checkbox"/> General Construction Laborers | <input type="checkbox"/> Superintendents |
| <input type="checkbox"/> Heavy Equipment Operators, Apprentices | <input type="checkbox"/> Telecommunication Workers, Apprentices |
| <input type="checkbox"/> Heavy Equipment Operators, Journeymen | <input type="checkbox"/> Telecommunication Workers, Journeymen |
| <input type="checkbox"/> HVAC, Apprentices | <input type="checkbox"/> Welders, Apprentices |
| <input type="checkbox"/> HVAC, Licensed/Journeymen | <input type="checkbox"/> Welders, Licensed/Journeymen |
| <input type="checkbox"/> Iron/Steel workers, Apprentices | _____ |
| <input type="checkbox"/> Iron/Steel workers, Journeyman | _____ |
| <input type="checkbox"/> Laborers, General | _____ |
| <input type="checkbox"/> Masons, Block, Apprentices | _____ |
| <input type="checkbox"/> Masons, Block, Journeymen | _____ |
| <input type="checkbox"/> Masons, Brick Apprentices | _____ |

5d. Labor Pool Sources available for Project (list all sources such as Union Locals, Agencies, etc., use attachment, if necessary):

#1 Union/Agency Name: _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Position Title: _____ Number Available: _____

#2 Union/Agency Name: _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Position Title: _____ Number Available: _____

#3 Union/Agency Name: _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Position Title: _____ Number Available: _____

#4 Union/Agency Name: _____
 Primary Contact/Position: _____ / _____
 Telephone Number: (____) _____ - _____ Email Address: _____
 Position Title: _____ Number Available: _____

#5 Union/Agency Name: _____
 Primary Contact/Position: _____ / _____
 Telephone Number: (____) _____ - _____ Email Address: _____
 Position Title: _____ Number Available: _____

#6 Union/Agency Name: _____
 Primary Contact/Position: _____ / _____
 Telephone Number: (____) _____ - _____ Email Address: _____
 Position Title: _____ Number Available: _____

5e. Training Programs (enter data for last three years):

	Number of Classes	Number of Attendees	Comments
Trades Training Programs executed:	_____	_____	_____
Management Training Programs executed:	_____	_____	_____
Job Safety Training Programs executed:	_____	_____	_____
Personal Development Programs executed:	_____	_____	_____
Other Training Programs executed:	_____	_____	_____

6. Summary by Construction Service Fees Received (last three calendar years):

	Year _____	Year _____	Year _____
KY Local Government Contract Work:	\$ _____, _____, _____	\$ _____, _____, _____	\$ _____, _____, _____
Non-KY Local Government Contract Work:	\$ _____, _____, _____	\$ _____, _____, _____	\$ _____, _____, _____
KY State Government Contract Work:	\$ _____, _____, _____	\$ _____, _____, _____	\$ _____, _____, _____
Non-KY State Government Contract Work:	\$ _____, _____, _____	\$ _____, _____, _____	\$ _____, _____, _____
Federal Government Contract Work:	\$ _____, _____, _____	\$ _____, _____, _____	\$ _____, _____, _____
All other Domestic Work:	\$ _____, _____, _____	\$ _____, _____, _____	\$ _____, _____, _____
All other Foreign Work:	\$ _____, _____, _____	\$ _____, _____, _____	\$ _____, _____, _____
Totals:	\$ _____, _____, _____	\$ _____, _____, _____	\$ _____, _____, _____

7. Profile of Firm's Project Experience in the last three (3) years.

7a. Profile Codes/Numbers of Projects/Total Gross Fees

Profile Code	Number of Projects	Total Gross Fees (in thousands)	Profile Code	Number of Projects	Total Gross Fees (in thousands)	Profile Code	Number of Projects	Total Gross Fees (in thousands)
(1)		\$	(11)		\$	(21)		\$
(2)		\$	(12)		\$	(22)		\$
(3)		\$	(13)		\$	(23)		\$
(4)		\$	(14)		\$	(24)		\$
(5)		\$	(15)		\$	(25)		\$
(6)		\$	(16)		\$	(26)		\$
(7)		\$	(17)		\$	(27)		\$
(8)		\$	(18)		\$	(28)		\$
(9)		\$	(19)		\$	(29)		\$
(10)		\$	(20)		\$	(30)		\$

7b. Types of Projects (enter number of projects corresponding to project type only once):

Sole Contractor			Joint Venture		
Types of Projects	Number of Projects	Total Gross Fees (in thousands)	Types of Projects	Number of Projects	Total Gross Fees (in thousands)
Design:			Design:		
Design-Build:			Design-Build:		
Construction Management:			Construction Management:		
General Contractor:			General Contractor:		
			Sub-Contractor:		

8. Projects Executed, last three (3) years:

(1) Project Title: _____ Firm's Role: _____
 Address (Street/City/ZIP): _____
 Primary Contact/Position: _____ / _____
 Telephone Number: (____) ____ - _____ Email Address: _____
 Alternate Contact/Position: _____ / _____
 Telephone Number: (____) ____ - _____ Email Address: _____
 Profile Code: _____ Experience Code: _____
 Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$ _____, _____, _____
 Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$ _____, _____, _____
 Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$ _____, _____, _____
 Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$ _____, _____, _____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$ _____, _____, _____
 Supporting Facilities Budget: \$ _____, _____, _____ Total Original Budget: \$ _____, _____, _____
As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$ _____, _____, _____
 Supporting Facilities Cost: \$ _____, _____, _____ Total As-Built Cost: \$ _____, _____, _____
 Original Target Completion Date: _____ Actual Final Completion Date: _____

(2) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$_____,_____,_____
Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____
As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$_____,_____,_____
Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____
Original Target Completion Date: _____ Actual Final Completion Date: _____

(3) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$_____,_____,_____
Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____
As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$_____,_____,_____
Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____
Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(4) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____
Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____
As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____
Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____
Original Target Completion Date: _____ Actual Final Completion Date: _____

(5) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____
Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____
As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____
Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____
Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(6) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____-____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____-____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Investigation(s) Liquidated Damages Failed Milestones

Lawsuits Liens/Claims Warranty Work

Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____

Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____

As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____

Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____

Original Target Completion Date: _____ Actual Final Completion Date: _____

(7) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____-____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____-____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____

Investigation(s) Liquidated Damages Failed Milestones

Lawsuits Liens/Claims Warranty Work

Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____

Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____

As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____

Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____

Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(8) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$_____,_____,_____
Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____
As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$_____,_____,_____
Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____
Original Target Completion Date: _____ Actual Final Completion Date: _____

(9) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$_____,_____,_____
Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____
As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$_____,_____,_____
Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____
Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(10) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____
Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____
As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____
Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____
Original Target Completion Date: _____ Actual Final Completion Date: _____

(11) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____
Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____
As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____
Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____
Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(12) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Investigation(s) Liquidated Damages Failed Milestones

Lawsuits Liens/Claims Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

(13) Project Title: _____ Firm's Role: _____

Address (Street/City/ZIP): _____

Primary Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Alternate Contact/Position: _____ / _____

Telephone Number: (____) ____ - _____ Email Address: _____

Profile Code: _____ Experience Code: _____

Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$_____,_____,_____

Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$_____,_____,_____

Investigation(s) Liquidated Damages Failed Milestones

Lawsuits Liens/Claims Warranty Work

Original Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Budget: \$_____,_____,_____

Supporting Facilities Budget: \$_____,_____,_____ Total Original Budget: \$_____,_____,_____

As-Built Scope: Primary Facility Size: _____,_____,_____ SF Primary Facility Cost: \$_____,_____,_____

Supporting Facilities Cost: \$_____,_____,_____ Total As-Built Cost: \$_____,_____,_____

Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

(14) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____
Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____
As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____
Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____
Original Target Completion Date: _____ Actual Final Completion Date: _____

(15) Project Title: _____ Firm's Role: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Alternate Contact/Position: _____ / _____
Telephone Number: (____) ____-____ Email Address: _____
Profile Code: _____ Experience Code: _____
Number of Contractor Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____
Number of Contractor's Executed Change Orders: _____ Executed Change Order Costs: \$____,____,____
Number of Other's Tendered Change Orders: _____ Tendered Change Order Costs: \$____,____,____
Number of Other's Executed Change Orders: _____ Tendered Change Order Costs: \$____,____,____
 Investigation(s) Liquidated Damages Failed Milestones
 Lawsuits Liens/Claims Warranty Work
Original Scope: Primary Facility Size: _____ SF Primary Facility Budget: \$____,____,____
Supporting Facilities Budget: \$____,____,____ Total Original Budget: \$____,____,____
As-Built Scope: Primary Facility Size: _____ SF Primary Facility Cost: \$____,____,____
Supporting Facilities Cost: \$____,____,____ Total As-Built Cost: \$____,____,____
Original Target Completion Date: _____ Actual Final Completion Date: _____

Notes and Comments: _____

10. Subcontractor Information (use attachment if necessary):

(1) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ Questionnaire Attached

(2) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ Questionnaire Attached

(3) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ Questionnaire Attached

(4) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ Questionnaire Attached

(5) Company Name: _____
Services Provided: _____
Address (Street/City/ZIP): _____
Primary Contact/Position: _____ / _____
Telephone Number: (____) ____ - _____ Email Address: _____
Profile Code: _____ Experience Code: _____ Questionnaire Attached

10. Certification that the forgoing is a statement of facts:

Signature: _____
Printed Name: _____
Title: _____
Date: _____

11. Certification Date Received (Project Development Board or Court of Justice use only):

Date Received: _____
Receiving Official's Signature: _____
Receiving Official's Title: _____